



CITY OF DETROIT  
FINANCE DEPARTMENT  
PURCHASING DIVISION  
1008 COLEMAN A. YOUNG  
MUNICIPAL CENTER  
DETROIT, MICHIGAN 48226  
PHONE 313-224-4600  
FAX 313-224-4374

IF THIS PURCHASE ORDER  
DOES NOT AGREE WITH THE  
BID YOU SUBMITTED,  
PLEASE CONTACT THE  
PURCHASING DIVISION.

## Purchase Order

PURCHASE ORDER NO. REVISION PAGE

2901443 0 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

### SHIP TO

see release for actual agency  
Detroit, MI 48226  
United States

### BILL TO

Coleman A Young Municipal Ce  
2 Woodward Avenue  
Ste 642  
Detroit, MI 48226  
United States

SUPPLIER

BRILAR LLC  
13200 NORTHEAST AVE  
OAK PARK, MI 48237

SUPPLIER NO.

1114923

DATE OF ORDER/BUYER

02-DEC-14 B Washington

REVISED DATE/BUYER

PAYMENT TERMS

2% 30 Days

SHIP VIA

Unspecified

F.O.B.

Delivered

FREIGHT TERMS

Your Delivery

REQUESTOR/DELIVER TO

CONFIRM TO / TELEPHONE

(248) 547-6439

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	THIS PURCHASE ORDER IS IN ACCORDANCE WITH RFQ. 49313 AND PERIOD AGREEMENT CCR: FURNISH: SNOW REMOVAL SERVICES (RESIDENTIAL STREETS) FOR THE CITY OF DETROIT DEPARTMENT OF PUBLIC WORKS FOR SIXTEEN (16) MONTHS WITH TWO (2) - ONE (1) YEAR RENEWAL OPTIONS F.O.B.: JOB-SITES VARIOUS LOCATIONS PROTECTION OF WORK, PERSONS, AND PROPERTY: DURING PERFORMANCE AND UP TO DATE OF FINAL ACCEPTANCE, THE CONTRACTOR SHALL BE UNDER ABSOLUTE OBLIGATION TO PROTECT THE FINISHED AND UNFINISHED WORK AGAINST ANY DAMAGE, LOSS OR INJURY. THE CONTRACTOR SHALL TAKE ALL REASONABLE PRECAUTIONS TO PROTECT THE PERSONS AND PROPERTY OF THE CITY FROM DAMAGE, LOSS OR INJURY DURING PERFORMANCE UNDER THIS CONTRACT. TERMINATION OF CONTRACT: AT ANY TIME DURING THE CONTRACT THE CITY MAY TERMINATE THE AGREEMENT FOR REASON OF POOR OR DEFICIENT WORK PERFORMANCE, INABILITY OF THE CONTRACTOR TO REASON OF POOR OR DEFICIENT WORK PERFORMANCE, INABILITY OF THE CONTRACTOR TO SUPPLY TRAINED COMPETENT TECHNICIANS, OR LACK OF SERVICE AS DESCRIBED IN THIS AGREEMENT BY GIVING A 10-CALENDAR DAY NOTICE IN WRITING. EITHER PARTY MAY TERMINATE THE AGREEMENT BY GIVING A 30-CALENDAR DAY WRITTEN NOTICE TO TERMINATE. THE CITY RESERVES THE ABSOLUTE RIGHT TO TERMINATE THIS CONTRACT IN WHOLE OR IN PART, FOR THE CONVENIENCE OF THE CITY AT ITS SOLE DISCRETION ON THIRTY (30) DAYS WRITTEN NOTICE TO THE VENDOR.						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE  
SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL  
EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION • THE CITY MAY TERMINATE THE  
CONTRACT FOR CAUSE OR CONVENIENCE • NO CHANGES EFFECTIVE UNLESS AGREED TO IN  
WRITING BY CONTRACT AMENDMENT • ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY  
EXACTLY WITH WRITTEN DESCRIPTION • WHEN SHIPPED VIA COMMON CARRIER, MAIL  
SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND  
ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL  
PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY  
SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST  
THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS,  
APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT  
EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total

Continued

PURCHASING DIRECTOR'S SIGNATURE  
NOT VALID WITHOUT AUTHORIZED SIGNATURE



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BRILAR LLC  
13200 NORTHEAST AVE  
OAK PARK, MI 48237

SUPPLIER NO.		DATE OF ORDER/BUYER		REVISED DATE/BUYER			
1114923		02-DEC-14 B Washington					
PAYMENT TERMS		SHIP VIA		F.O.B.			
2% 30 Days		Unspecified		Delivered			
FREIGHT TERMS		REQUESTOR/DELIVER TO		CONFIRM TO / TELEPHONE			
Your Delivery				(248) 547-6439			

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	<b>PAYMENT:</b>						
	THE INDIVIDUALS RESPONSIBLE FOR ACCEPTING PERFORMANCE UNDER THIS PURCHASE ORDER IS LADIVA HOLMAN (313) 224-3903						
	THE CONTACT PERSONS FROM WHOM PAYMENT SHOULD BE REQUESTED ARE SHASI BERI AT (313) 224-3409 AND STEVE SCOTT AT (313) 224-3923						
	IT IS THE VENDOR'S RESPONSIBILITY TO MAIL OR CAUSE TO BE DELIVERED A VALID ORIGINAL INVOICE TO FINANCE, ACCOUNTS PAYABLE SECTION WITH A PHOTOGRAPHIC COPY TO THE CONTRACTING OFFICER DESIGNATED WITHIN THE CONTRACT OR PURCHASE ORDER. THE MAILING OF DUPLICATE ORIGINAL INVOICES IS STRICTLY PROHIBITED.						
	A VALID INVOICE MEETS THE FOLLOWING REQUIREMENTS:						
	VENDOR INFORMATION: FULL NAME OF BUSINESS, FEDERAL IDENTIFICATION NUMBER, UNIQUE INVOICE NUMBER, DATE OF INVOICE, REFERENCE TO CITY OF DETROIT PURCHASE ORDER NUMBER, PART OF ITEM NUMBER (AS REFERENCED IN THE PURCHASE ORDER)						
	QUANTITY AND PRICING INFORMATION: DESCRIPTION OF GOODS OR SERVICES, PART OR ITEM NUMBER (AS REFERENCED IN THE PURCHASE ORDER), QUANTITY OF GOODS OR SERVICES PROVIDED, UNIT PRICE OF GOODS OR SERVICES PROVIDED, PART OR ITEM SUBTOTAL (QUANTITY * UNIT COST), DISCOUNT TERMS (IF APPLICABLE)						
	DELIVERY INFORMATION: LOCATION AND DATE OF DELIVERY OF GOODS OR SERVICES PROVIDED, DELIVERY TERMS (AS REFERENCED IN THE PURCHASE ORDER AGREEMENT)						
1	600149	Effective From: 01-DEC-14 To: 30-APR-16			Amount Agreed: 1,432,000.00		
				Each	55000		
<b>Total</b>						<b>Continued</b>	

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BRILAR LLC  
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SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1114923	02-DEC-14 B Washington	
PAYMENT TERMS	SHIP VIA	F.O.B.
2% 30 Days	Unspecified	Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
Your Delivery		(248) 547-6439

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	SNOW REMOVAL SERVICES, RESIDENTIAL PLOWING, DISTRICT 1, BASE BID						
2	600150 SNOW REMOVAL SERVICES, RESIDENTIAL PLOWING, DISTRICT 2, BASE BID			Each	67000		
3	600155 SNOW REMOVAL SERVICES, RESIDENTIAL PLOWING, DISTRICT 7, BASE BID			Each	57000		

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**Total** ,432,000.00

PURCHASING DIRECTOR'S SIGNATURE  
NOT VALID WITHOUT AUTHORIZED SIGNATURE

# PURCHASING DIVISION - CITY COUNCIL RECOMMENDATION SHEET

REJECTION ( ) EQUALIZATION APPLIED ( ) CITY COUNCIL APPROVAL DATE: \_\_\_\_\_

BUYER'S APPROVAL: BW 12/3/14 2901443  
INITIALS DATE PO. NO. ~~2901443~~ RFQ NO. 49313 REQ. NO.(S) \_\_\_\_\_

SUPERVISOR'S APPROVAL: \_\_\_\_\_ NO WAIVER OF RECONSIDERATION  
INITIALS DATE

AWARD NOTICE BY: \_\_\_\_\_ TO CITY COUNCIL BY \_\_\_\_\_

STANDARD P.O. ( ) B.P.O. ( X ) C.P.O. ( ) AWARD SHEET ATTACHED ( 2 - 1YR ) RENEWAL OPTIONS

COMMODITY Snow Removal Services (Residential Streets)

PERIOD: (IF CONTRACT) FROM December 1, 2014 TO April 30, 2016

AWARDED TO: (NAME OF COMPANY) Brilar, LLC. (Award 1 of 4)

ADDRESS 13200 Northend. CITY Oak Park STATE MI ZIP 48237  
(STREET ADDRESS NOT A P.O. BOX #)

PAYMENT TO: [ X ] AS ABOVE OR ADDRESS CITY STATE ZIP

## EXPIRATION DATE

Approved HRD  
12/3/2015 INCOME TAX  
01/15/2015 REAL ESTATE TAX  
01/15/2015 PERSONAL PROPERTY TAX  
EXECUTIVE ORDER 22

## BUYER'S INITIALS

BW

( ) SOLE BID  
( X ) LOWEST BID  
( ) LOWEST TOTAL BID  
( ) LOWEST ACCEPTABLE BID  
( ) LOWEST EQUALIZED BID  
DETROIT BASED  
X OPEN  
SUB-CON

ESTIMATED COST: \$1,432,000.00/2yrs ACTUAL COST: \$ \_\_\_\_\_

EQUALIZATION STATISTICS: LOWEST EQUALIZED VENDOR \_\_\_\_\_ EQUALIZED SAVINGS: \$ \_\_\_\_\_  
ACTUAL LOWEST VENDOR \_\_\_\_\_ NON-EQUALIZED SAVINGS: \$ \_\_\_\_\_

SAVINGS: PREVIOUS CONTRACT AMT: \$ \_\_\_\_\_ POTENTIAL SAVINGS: \$ \_\_\_\_\_

QUANTITY: \_\_\_\_\_ OR NO. OF ITEMS 1 UNIT PRICES RANGE FROM: \$55,000.00/ea. TO: \$67,000.00/ea.

USING DEPARTMENT(S): Department of Public Works

NO. OF BIDS SOLICITED <u>32</u>	NO. OF BIDS RECEIVED <u>5</u>	STREET FUNDS <u>100%</u>	STATE FUNDS <u>%</u>	FEDERAL FUNDS <u>%</u>
------------------------------------	----------------------------------	-----------------------------	-------------------------	---------------------------

CHARGE ACCOUNT: 3302-190868-000050-617900-06425-000000-A4570

PRICE(S) ARE [ X ] Firm for contract period TERMS: 1% 30 DAYS OR \_\_\_\_\_

## RECOMMENDATION

PARTICULARS  
FORMAL ( X )  
INFORMAL ( )

## GUARANTEES

BID DEPOSIT ( X ) \$ 1,000.00  
PERFORMANCE BOND ( ) \$ \_\_\_\_\_  
PAYMENT BOND ( ) \$ \_\_\_\_\_

## INSURANCE

PROP. DAMAGE (P/O) ( X ) \$ see attached  
PUBLIC LIABILITY (B/I) ( X ) \$ see attached  
MICH WORKER'S COMP ( X ) STATUTORY REQ.

BID BOND RETURNED ( ) OTHER ( ) \$ \_\_\_\_\_ C OF D ASSDL NAME INS. ( ) P/L ( ) P/D ( ) OTHER

## FOR CLERICAL USE:

ALB: \_\_\_\_\_  
AWD: \_\_\_\_\_

REJLTR: \_\_\_\_\_  
COMPLETED: \_\_\_\_\_



CITY OF DETROIT  
FINANCE DEPARTMENT  
PURCHASING DIVISION

1008 COLEMAN A. YOUNG  
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PHONE 313 • 224 • 4600  
FAX 313 • 628 • 1160

**December 1, 2014**

**RFQ NO. 49313 – Snow Removal Services (Residential Streets) for two (2) years  
with two (2) – one (1) year renewal options**

**COMMODITY: Snow Removal Services (Residential Streets)**

**TO ALL BIDDERS:**

**This will acknowledge and thank you for your bid on the above. A study of the bids recommends awards as listed below. This preliminary notice does not constitute authority to proceed. Shipment or services shall not begin until a contract with written authorization or purchase order is in your possession. Please be advised that the city of Detroit will not be held responsible for shipments or services received prior to City Council approval.**

**FURNISH: Snow Removal Services (Residential Streets)**

**TO: Brilar, LLC. Of Oak Park, MI  
TELEPHONE (248) 547-6439**

DISTRICT#	BASE BID
1	\$55,000.00/ea.
2	\$67,000.00/ea.
7	\$62,250.00/ea.

**PRICE:** Price Quoted is Firm for Contract Period  
**F.O.B.** Delivered  
**TERMS:** 2% 30 days

**MIKE DUGGAN, MAYOR**



CITY OF DETROIT  
FINANCE DEPARTMENT  
PURCHASING DIVISION

1008 COLEMAN A. YOUNG  
MUNICIPAL CENTER  
DETROIT, MICHIGAN 48226  
PHONE 313 • 224 • 4600  
FAX 313 • 628 • 1160

TO: **Payne Landscaping of Detroit, MI**  
**TELEPHONE (313) 885-6770**

DISTRICT#	BASE BID
3	\$61,206.00/ea.
4	\$47,852.00/ea.

PRICE: Price Quoted is Firm for Contract Period  
F.O.B. Delivered  
TERMS: 2% 30 days

TO: **J.E. Jordan Landscaping of Detroit, MI**  
**TELEPHONE (248) 579-7760**

DISTRICT#	BASE BID
5	\$79,595.00/ea.

PRICE: Price Quoted is Firm for Contract Period  
F.O.B. Delivered  
TERMS: 1/2 % 30 days

TO: **Pavex Corporation of Trenton, MI**  
**TELEPHONE (734-676-6220)**

DISTRICT#	BASE BID
6	\$74,000.00/ea.

PRICE: Price Quoted is Firm for Contract Period  
F.O.B. Delivered  
TERMS: 1% 30 days

MIKE DUGGAN, MAYOR



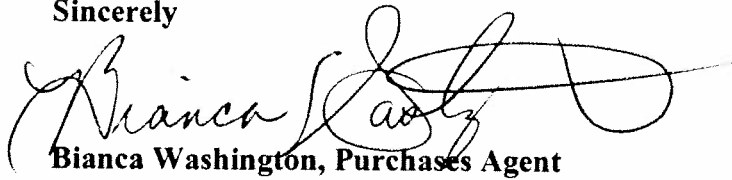
CITY OF DETROIT  
FINANCE DEPARTMENT  
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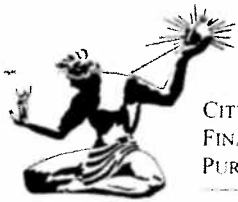
**If additional information is desired, please contact the purchases agent.**

**Sincerely**



**Bianca Washington, Purchases Agent**

**MIKE DUGGAN, MAYOR**



CITY OF DETROIT  
FINANCE DEPARTMENT  
PURCHASING DIVISION

*Street Fund*

1008 CITY-COUNTY BUILDING  
DETROIT, MICHIGAN 48226  
PHONE 313 • 224 • 4600  
FAX 313 • 628 • 1160

RFQ: 49313

Page 1 of 2

## REFERRAL/RECOMMENDATION FORM

Date: October 30, 2014

Date to be Returned to  
Purchasing Division

November 7, 2014

To: Wendell Edwards, DPW

From: Bianca Washington, 224-0175

Purchases Agent and Phone Number

The attached documents are being referred for the following reason(s):

☐ Incomplete request: ☐ Budget Approval ☐ Cancelled ☒ Other

X Bid Analysis and Recommendation for: Snow Removal (Residential Streets)

The following bids are attached:

Payne Landscaping  
Brilar, LLC.  
J.E. Jordan Landscaping, Inc.  
Pavex Corporation  
Boulevard & Trumbull

No Bid:  
Gleor, Inc.

Your recommendations of a bidder are to be located in the space provided in the "Remarks" section on the next page of this form. Do not submit your recommendations on any other form.

*3301- 193832 - 06420 - 622900*



**REMARKS:**

Include all recommendations and remarks below. Attach an additional sheet if necessary.

Your recommendation is to be based on the bid specifications and content of the bid. If the lowest bidder or bidders do not meet the specifications, list the major deviations for each. Rejections must be based on actual exceptions, or on details submitted in the bid.

Legal questions or concerns should be included in the analysis. If necessary, the Purchasing Division may request a legal opinion.

Recommendations for bids over \$5,000.00 must be approved by the Department Director, Deputy Director, or the appropriate persons listed on the "City of Detroit Authorized Signature Record."

**Re: Snow Plowing Services Base Bid (residential streets)**

Boulevard & Trumbull is the low bidder for all 7 districts but has subsequently rescinded their bid and therefore, no award shall be made.

Brilar, LLC is the second low bidder on 3 districts and has resources to justify awarding 3 districts. It is the recommendation of the Department of Public Works to award **District 1 to Brilar LLC @ \$220,000/year, District 2 @ \$268,000 and District 7 @ \$228,000.**

Payne Landscaping is the second low bidder on the four remaining districts but has the resources to justify awarding 2 districts. It is the recommendation of the Department of Public Works to award Payne Landscaping the following districts: **District 3 @ \$244,824/year. District 4 @ \$191,408/year.**

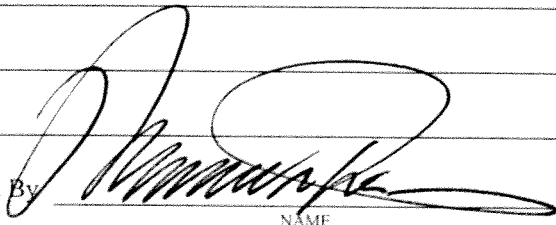
Jordan Landscaping is the next low bidder for **District 5** and therefore, the department recommends award of the contract **@ \$318,380/year.**

Pavex is the next low bidder on the remaining **District 6** and therefore, the department recommends award of the contract **@ \$296,000**

**NOTE: Yearly amount is based on 4 events for the season (district bid x 4)**

No award should be made for either Option #1 or 2 of the RFQ.

Approved By



NAME

By: Director

TITLE

224-3532

PHONE NUMBER

Additional Comments Attached:

Yes \_\_\_\_\_ No \_\_\_\_\_

107091



# City Council Contract Agenda Items Review Checklist

Reviewer: (purchasing agent sign here)

Date Received: 00/00/2014

Date: 11/12/2014 Department Public Works Division: Street Maintenance

Dept Head/Contact Person: Jose Abraham Phone No.: 313-224-3932

## Description:

Residential Snow Plowing Districts 1 and 2

brief explanation of function or need of the goods/services

Contract No.: 2901443 PO Type: Blanket Est. Value: \$ 1,432,000.00

Contract Term (if applicable): 12/1/14 to 4/30/16

Funding: City State 100% Federal       % Other:       %

(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: Brilar, LLC Required Date: 12/01/2014

1. The business being awarded is NEW / . If a renewal, provide justification for renewal: \_\_\_\_\_
2. Was the product or service competitively bid? ☒ Yes ☐ No  
**Attach Copy** of Bid Tabulation/Evaluation score sheets as needed  
 If the answer to #2 is "NO" explain why there was no competition: \_\_\_\_\_
3. Was a Co-Operative Agreement Considered? ☐ Yes ☒ No Co-Operative Name: \_\_\_\_\_  
 If answer to #3 is "No" explain why a Co-Op was not considered: NOT AVAILABLE
4. Were savings achieved?  
☐ Yes Amount \$ \_\_\_\_\_ ☐ No



5. Does this agreement represent an increase?

☐ Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)

☐ Change in amount/volume of the good or service to be used. \_\_\_\_\_.

6. Does the supplier currently provide other goods and services to the City? ☒ Yes ☐ No

If yes please list: \_\_\_\_\_

7. Is this good/service used by other departments? ☐ Yes ☒ No

If "yes" can this Req/PAR be combined other department requirements? ☐ Yes ☐ No

8. Is this a service that can be performed by City employees? ☐ Yes ☒ No

Is this a service that City employees can be trained to do? ☒ Yes ☐ No

---

NOTES: Buyer:

a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes\_\_\_\_ No\_\_\_\_

---

☐

**PLACE ON EMERGENCY MANAGER AGENDA**

☒

**PLACE ON CITY COUNCIL AGENDA**

☐

**REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: \_\_\_\_\_

(Department)

DATE: \_\_\_\_\_

11-13-2014

INFORMATION PROVIDED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_

[View assistance for Search Results](#)

Search Results

**Notice:** This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

No records found for current search.

Bridar, LLC.

Gl

Sea

Res

Entit

Excl

Sea

Filte

By R

Stati

By

Func

Area

Man.

By

Func

Area

Perf

Info

SAM | System for Award Management 1.0

IBM v1.P.23.20141126-1047

**Note to all Users:** This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.



DEC 02 2014



Attachment 1

 City of Detroit / Human Rights Department  
 Application of Certification & Re-Certification  
 Page 18

## REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT / DIVISION: Purchasing / Bianca WashingtonE-MAIL ADDRESS: Accounting@brilar.netCONTACT NAME: Michael Yaffa PHONE: 248-547-6439 FAX: 248-547-8936Type of Clearance: ☐ New ☐ Renewal (Please submit 30 days prior to submitting bid or expiration date)
 A. To:  
 City of Detroit  
 Income Tax Division  
 Coleman A. Young Municipal Center  
 2 Woodward Avenue, Ste. 130  
 Detroit, MI 48226

 For:  
 Individual or  
 Company Name Brilar  
 Address 13200 Northend Ave.

 Phone: (313) 224-3328 or 224-3329  
 Fax: (313) 224-4588

 City Oak Park  
 State MI Zip Code 48237  
 Telephone 248-547-6439 Fax # 248-547-8936  
 Email Address \_\_\_\_\_

 B. Name of Chief Financial Officer/Authorized Contact Person  
 (Include address if different from above)
Holly Lawler

Employer Identification or Social Security Number

27-3185046Telephone # 248-547-6439Fax # 248-547-8936

Spouse Social Security Number \_\_\_\_\_

 Nature of Contract Qualified Vendor  
Various

BID CONTRACT AMOUNT (if known):

Labor: \$ \_\_\_\_\_ Material: \$ \_\_\_\_\_

Contract # (if known) \_\_\_\_\_

 C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED  
 MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE
Check One: ☐ Individual ☒ Corporation ☐ Partnership ☐ Estate & Trust

## INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are you a student and/or claimed as a dependent on someone else's tax return                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Were you employed during the last seven (7) years?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Were you a resident of Detroit during the last seven (7) year?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

## CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

- |   |   |  |
|---|---|--|
| 5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4)? | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| 6. Will the company have employees working in Detroit?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| 7. Will the company use sub-contractors or independent contractors in Detroit?                  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |

## D. FOR INCOME TAX USE ONLY

Has the employer/employee complied with the provisions of the City Income Tax Ordinance?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Signature <u>Bryan Senkan</u>	Date <u>11-25-2014</u>	Expires <u>11-26-2014</u>
<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Signature <u>INCOME TAX INVESTIGATOR</u>	Date <u>DEC 03 2014</u>	Expires <u>DEC 03 2015</u>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature _____	Date _____	Expires _____

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: [www.detroitmi.gov](http://www.detroitmi.gov)
 Note: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid. Please email your completed request form (preferably in pdf format) to: [IncomeTaxClearance@detroitmi.gov](mailto:IncomeTaxClearance@detroitmi.gov)

PLEASE ANSWER EVERY QUESTION

# PURCHASING DIVISION VENDOR CLEARANCE REQUEST

Submit to: Revenue Collections  
Purchasing Vendor  
1012 Coleman A. Young Municipal Center  
Detroit, MI 48226  
(313) 224 - 1848 (Telephone)  
(313) 224 - 4238 (Fax)

Nature of Contract Lease  
Contract Amount \_\_\_\_\_

Business Type: ☒ Corp ☐ Partnership ☐ Sole Proprietorship ☐ Personal Services

Business Name Brian, LLC

Business Address 13200 Northland Ave Oak Park MI 48237

Ward/Item # \_\_\_\_\_

F.I.D. NO. 27-3185046

City Personal Property I.D. # \_\_\_\_\_

Owner(s) Name Brian Yoffe

Owner(s) SS# \_\_\_\_\_

Contact Person Michael Yoffe

Phone Number 248-547-2439 ext. 901

Fax Number 248-547-2436

Owner(s) Home Address \_\_\_\_\_ ☐ Lease ☒ Own

Please do not write below this line for department use only.

Real Property Special Assessment Personal Property Other Receivable

☒ Denied ☐ Denied ☐ Denied ☐ Denied  
☒ Approved ☐ Approved ☐ Approved ☐ Approved

Comments \_\_\_\_\_

Please mail, fax or drop off this Vendor Request Form to the Revenue Collection Unit at the address indicated above. You will be responsible for keeping the clearance and submitting a photocopy to Purchasing with your bid package.

Signature (City of Detroit) \_\_\_\_\_

Date

Expiration Date

JUL 31 2014

JAN 15 2015

**REVISED 7-12-2012**  
**COVENANT OF EQUAL OPPORTUNITY**  
**(Application for Clearance – Terms Enforced After Contract is Awarded)**

I, being duly authorized representative of the Brilar LLC, (hereinafter "Contractor"), am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his/her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) 49313

Duration of Covenant \_\_\_\_\_

Printed Name of Contractor/Organization BRILAR, LLC  
(Type or Print Legibly)

Contractor Address: OAK PARK, MICHIGAN, 48237  
(City) (State) (Zip)

Contractor Phone/E-mail 248.547.6439, lyaffa@brilar.net

Printed Name & Title of Authorized Representative LARRY YAFFA, PRESIDENT

Signature of Authorized Representative \_\_\_\_\_

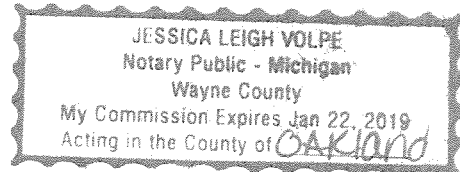
Date 10/28/14

\*\*\* This document MUST be notarized \*\*\*

Signature of Notary: Jessica Leigh Volpe

Printed Name of Seal of Notary: JESSICA LEIGH VOLPE

My Commission Expires: 1/22/2019



**FOR CONTRACTING DEPARTMENT USE ONLY:**

Date Rec'd: \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by: \_\_\_\_\_ Title: \_\_\_\_\_

Please fax a copy of the notarized Covenant and Award Letter to the Human Rights Department (313) 224-3434



Client#: 71

BLLAND

**ACORD CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

4/23/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>ZERVOS GROUP, INC.</b> 24724 Farmbrook (248) 355-4411 P.O. Box 2067 Southfield, MI 48034-2067		<b>CONTACT NAME:</b> Michael Zervos/Molly Brink <b>PHONE (A/C, No, Ext):</b> 248 355-4411 <b>FAX (A/C, No):</b> 248 355-2175 <b>E-MAIL ADDRESS:</b> molly@zervosgroup.com <b>PRODUCER CUSTOMER ID #:</b>	
<b>INSURED</b> <b>BRILAR, LLC.</b> <b>B &amp; L LANDSCAPING, INC.</b> 13200 Northend Ave. Oak Park, MI 48237		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> AMCO Insurance Company <b>INSURER B:</b> Markel Insurance Company <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> X,C,U GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X X	GLAO7125586254	05/01/2014	05/01/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X X	BAA7125586254	05/01/2014	05/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 0	X X	CAA7125586254	05/01/2014	05/01/2015	EACH OCCURRENCE \$6,000,000 AGGREGATE \$6,000,000 \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below		MWC0016267	05/01/2014	05/01/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Detroit is included as an Additional Insured per written contract with respects to the General Liability and Auto Liability as it pertains to work performed by the named insured for the certificate holder.

**CERTIFICATE HOLDER****CANCELLATION**

City of Detroit 1008 Coleman A. Young Municipal Detroit, MI 48226	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Michael G. Zervos</i>
---	---

Client#: 71

BLLAND

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/23/2014

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INSURER F:																	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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© 1988-2009 ACORD CORPORATION. All rights reserved.

## Hiring Policy Compliance Affidavit

I, Larry Vaffa, being duly sworn, state that I am the President  
\_\_\_\_\_  
Title of Brilar  
Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

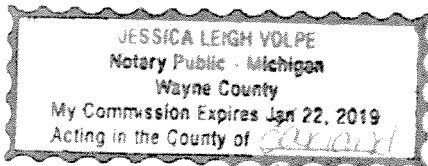
In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

[Signature]  
Title: President Date: 6/4/13

STATE OF Michigan )  
COUNTY OF Oakland ) SS

The foregoing Affidavit was acknowledged before me the 4th day of June, 2013, by \_\_\_\_\_.



[Signature]  
Notary Public, County of Wayne  
State of Michigan  
My commission expires: 1/22/2019



brilar

## Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Int. \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Social Security # \_\_\_\_\_

Driver's License No. \_\_\_\_\_ Exp Date \_\_\_\_\_

Position applied for \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_

Are you employed now ☐ Yes ☐ No

If so, may we contact? ☐ Yes ☐ No

Ever applied/worked for this company before? ☐ Yes ☐ No

If yes, indicate dates from previous employment: From \_\_\_\_\_ To \_\_\_\_\_

Referred by \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

☐ Yes ☐ No

## In Case of Emergency

Who should be notified in case of an emergency?

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Education

School Name and Location	Year	Major	Degree
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other Training _____	_____	_____	_____

## Employment History

(Start with the most recent employer)

1. Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

2. Company Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ May we contact? ☐ Yes ☐ No

Responsibilities \_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**CITY OF DETROIT**  
**SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT**

1. Name of Contractor: BRILAR, LLC
2. Address of Contractor: 13200 NORTHEND AVE.  
DAK PARK, MI 48237
3. Name of Predecessor Entities (if any): B\* L Landscaping
4. Prior Affidavit submission? ☐ No ☒ Yes, on: 8/31/11  
(Date of prior submission)

If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. ☐ Contractor was established in \_\_\_\_\_ (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

☐ Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

☐ Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).

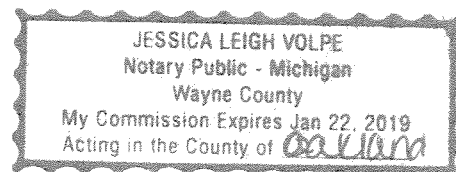
6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

LARRY YAFFA (Printed Name) PRESIDENT (Title)

[Signature] (Signature) 10/28/14 (Date)

Subscribed and sworn to before me  
this 28th day of October

Jessica Leigh Volpe  
Notary Public, Wayne County, Michigan  
My Commission expires: 1-22-19



**Bianca Washington - Your Requested D&B D-U-N-S® Number**

**From:** <no-reply-support@dnb.com>  
**To:** <washingtonb@detroitmi.gov>  
**Date:** 12/03/2014 11:34 AM  
**Subject:** Your Requested D&B D-U-N-S® Number

22



Dear Bianca Washington,

The following is the DUNS number for BRILAR, L.L.C.:

**DUNS number:** 967365334

Check out D&B's full line of credit reports available on this company

We would like to offer you a 10% discount on your next purchase when you purchase more than \$100. To take advantage of this discount please apply discount code **dunslookup** at the time of purchase.

*Note : Discount is only applicable to US based reports.*

If you have any problems or questions about your reports, please don't hesitate to call us at (855) 457-1670. We are here to help you with credit information needs i.e., running credit reports on other companies.

!!





BID OPENING ATTENDANCE-PLEASE PRINT

NAME	COMPANY NAME	PHONE NO.
1 JAY ZOKO	PAVEX Co.	734-262-9310
2 Jordan Jamie Erica	Jordan Landscaping	248 773 2622
3 Gloria Ann Surles	GHEOR INC	313 8715213
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

ACTION	REQUESTED	COMPLETED	PREPARED
TABULATE			
REQUEST INCOME TAX			
REQUEST PROPERTY TAX			
REQUEST HUMAN RIGHTS			
REFER TO DEPARTMENT			
ATTN			


SUBMITTED FOR REFERRAL      REFERRAL COMPLETE-SUBMITTED FOR TAB      TABULATION COMPLETE